

**BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES (BBHBF)**

**APPLICATION COVER SHEET**

**Organization/Agency Name:**

**Project Name:**

**Address:**

**Telephone:**

**Fax:**

**Name of organization Director:**  **Phone**  **Email:**

**Name of organization financial director:**  **Phone**  **Email:**

**Project Contact Name/Title:**  **Phone**  **Email:**

**Website Address:**

**Total of Funding Requested:**

Please provide a brief abstract of the proposal.

Abstract:

**Checklist for Proposal Submission:**

- ☐ Letter of Intent
- ☐ Application Cover Sheet
- ☐ Proposal Narrative
- ☐ Budget Narrative
- ☐ \*Target Funding Budget
- ☐ List of Collaborations and Partnerships describing roles/contributions of each collaboration or partner (Mandatory)
- ☐ Non-profit status/Business License or evidence of an agreement with a non-profit fiduciary agent that is responsible for the distribution of funds and financial reporting to the State.

**Proposal Narrative** *(not more than 8 pages and 12 pages including budget forms and information required):*

**Agency/Organization Name:**

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